

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5462AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER SWEET HOME BELMONT LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2908 BELMONT DR HENDERSON, NV 89074		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 1/20/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility is licensed for eight Residential Facility for Group beds for elderly and disabled persons.</p> <p>The facility has the following category of classified beds: Category 2</p> <p>The census at the time of the survey was six. Six resident files were reviewed and three employee files were reviewed. No discharged resident file was reviewed.</p> <p>The facility received a grade of A.</p>	Y 000		
Y 877 SS=D	<p>449.2742(5) OTC medications & Dietary Supplements</p> <p>NAC 449.2742 5. An over-the-counter medication or a dietary supplement may be given to a resident only if the resident's physician has approved the administration of the medication or supplement in writing or the facility is ordered to do so by another physician. The over-the-counter medication or dietary supplement must be administered in accordance with the written instructions of the physician. The administration of over-the-counter medication and dietary supplements must be included in the record required pursuant to paragraph (b) of subsection 1 of NAC 449.2744.</p>	Y 877		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 877	Continued From page 1 This Regulation is not met as evidenced by: Based on record review and interview on 1/20/10, the facility failed to administer an over-the-counter medication in accordance with the written instructions of a physician to one of six residents (Resident 4). Finding include: The January 2010 Medication Administration Record (MAR) for Resident #4 documented the order for an over-the-counter medication, Colace 100 mg, to be administered twice daily (bid). The medication bottle was labeled with instructions for administration as bid. The January 2010 MAR indicated that on 1/4/10, Colace 100 mg bid was discontinued. Based on record review on 1/20/10, Resident #4's file and the MAR failed to provide documentation of a physician's change of order.	Y 877			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878			

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Y 878	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based upon record review and interview on 1/20/10, the caregiver failed to administer a medication as prescribed by a physician to one of six residents (Resident #6).</p> <p>Findings include:</p> <p>The January 2010 Medication Administration Record (MAR) for Resident #6 documented the administration instructions of Combivent (Albuterol/Ipratropium sulfate) Inhaler as two puffs four times a day. Interview and record review on 1/20/10 failed to document evidence that Combivent was administered in compliance with the physician's order. Combivent was not administered or documented as administered for 1/1/10- 1/20/10 per the MAR. Record review of Resident #6's file failed to document a physician's change of order to a prn administration.</p>	Y 878			

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